

**-62-032284**

STATE FILE NUMBER

Registration District No. 310  
FILED AUG 31 1962

Primary Registration District No. \_\_\_\_\_

Registrar's No.

STATE FILE NUMBER

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ITEM NO.

**DOCUMENT**

## MEDICAL CERTIFICATION

**BY AFFIDAVIT OF**

**USE BLACK INK  
OR  
TYPEWRITER RIBBON**

Carl Smith. N.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4611

P. O. Address Louis 11 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above, constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.